5.13 Psychiatric Rehabilitation Program Services (PRP)

Service Coverage

Psychiatric Rehabilitation Program (PRP) services are provided by a program approved under Maryland Law (COMAR 10.21.21). PRP services provide rehabilitation and support to consumers to develop and enhance their community and independent living skills, thus enabling/facilitating their recovery or preventing relapse or hospitalization. Services may be provided at a PRP facility (on-site) or at a residence, job, or another appropriate location in the community (off-site).

PRP programs provide a structured environment where rehabilitation activities and services are provided in predominantly group settings. The array of PRP services is the same whether the services are delivered in the community, at an individual’s home, or in a PRP facility.

The expectation of PRP service is to assist the consumer to develop the necessary skills to support the consumer’s living in the setting of the consumer’s choice and to promote community participation. The goal of the service is to use the community environment to teach and promote the development of community living skills.

The following are four (4) different levels of care that a consumer may be authorized to receive:

1. Community PRP (authorized as PR1, billed as U2): Services provided to children or adults living with parents, guardians, or relatives who are legally responsible for the care of the individual or children in foster homes in which psychiatric services are not part of the day rate. Foster parents are legally responsible for the care of their foster children.

2. Supported/Independent Living PRP (authorized as PR2, billed as U3): Services provided to individuals who are living alone or with other individuals who are not legally responsible for their care.

   MHA edits are necessary for clarification. This is confusing. Currently, VO applies the Adult MNC to anyone at or over the age of 18, regardless of guardianship or independent living status (except for TAY presenting at TAY credentialed providers). Reading this would imply that we apply the Child MNC to adults not living independently under the guardianship of others and that we would apply the Adult MNC to an emancipated 16 year old, regardless of whether they present to a TAY provider or not.

3. Residential – General Support PRP (authorized as PR3, billed as U4 or U6): Services provided to individuals receiving RRP services with staff that is available on-call 24/7 and provides at a minimum, three (3) face-to-face contacts per Individual, per week, or 13 face-to-face contacts per month.

4. Residential - Intensive Support PRP (authorized as PR4, billed as U5 or U7): Services provided to individuals receiving RRP services with staff that is available on-call 24/7 and provides at a
minimum, daily, on-site, in the residence with a minimum of 40 hours per week, up to 24 hours a day, 7 days a week.

There are also PRP services that can be authorized and provided in conjunction with Supported Employment services received by a consumer.

Information specific to PRP services provided to consumers living in a residential program will be discussed in section 5.14 of the Provider Manual (Residential Rehabilitation Services). Information regarding PRP services available to consumers in Supported Employment Services is discussed in section 5.6 (Supported Employment).

**Service Rules**

PRP providers must complete an Individualized Rehabilitation Plan (IRP) according to the requirements of Maryland Law (COMAR 10.21.21).

The Core Service Agencies (CSAs) review and approve applications for the PRP services associated with General and Intensive levels of RRP services. The CSAs manage any waiting list in their jurisdiction for Intensive and General levels of RRP services. The CSAs also manage Transitional PRP services for consumers stepping down from State Hospitals or Crisis Beds to a RRP level of care.

ValueOptions Maryland makes the medical necessity determinations for all levels of PRP and RRP services, except those of Transitional PRP. ValueOptions Maryland makes all initial determinations on the level of the service and whether the service will be on-site, off-site, or blended.

A unit of PRP services is one month.

PRP service providers are required to meet the individual needs of the consumer as stipulated in the Individual Rehabilitation Plan (IRP). Each level of PRP service stipulates a minimum number of face-to-face services to be provided. However, the expectation is that the program will provide services at the frequency and intensity indicated by the consumer's presentation and as stated in the IRP.

The monthly case rate is based on a minimum number of minutes/service and visits/month for a maximum of 30 visits/month.

In the event the provider does not meet the service level minimum encounters for the authorized level of service, but does meet the minimum encounters for a lower level of service, the provider will bill using the originally authorized modifier but will bill at the lower, "allowed charge". It is the responsibility of the provider to ensure that the billed amount corresponds to the level of service that has been delivered. Rules and rates for payment regarding submitting partial PRP claims are discussed in the DHMH memo "PRP Cascade Rate Sheet" and dated July 3, 2013. This memo is available at:

COMAR 10.21.52 describes the number of encounters requirements.

A provider may bill the blended rate for Supported Living or Community Services only if:

1. The consumer is not receiving PRP services from another provider.
2. The provider is providing both on-site and off-site services in reasonably close proximity to the consumer for whom the service is provided.
3. The program operates an on-site PRP facility. A PRP facility is owned or rented, open to the public, operated by the PRP, and is where PRP services (individual and group) are provided on a regular basis. All health and safety codes must be met and documentation provided to the Office of Health Care Quality.
4. The program receives authorization to provide both on-site and off-site services.

The provider who meets the above criteria may provide only on-site or off-site services and submit claims for the blended rate. The provider must provide services based upon the needs of the individual as documented in the IRP, but may deliver only on-site or off-site services. The provider must document in the medical record that the consumer has the choice to receive both on-site and off-site PRP services, and elected to only receive either on-site or off-site services. Requirements for billing the blended rate for PRP consumers receiving residential services are listed in 5.14 (Residential Rehabilitation Services).

MHA requires all PRPs participating in the public mental health system to submit all encounter data, regardless of whether the number of encounters goes beyond the minimum required for reimbursement levels. For details, see:


PRP providers are not to submit claims for H2018 services until at least the minimum number of encounters have been provided. For details, see:


The encounter data will verify the number of face-to-face contacts, by date of service, when the PRP provided services to an individual during the month. There can only be one on-site encounter and one off-site encounter submitted on any given day.

Off-site encounters must be a minimum of 15 minutes and On-site encounters must be at least 60 minutes in duration. Interactions with consumers for less than these time limits shall not be submitted to support the monthly PRP claim.

Multiple on-site encounters of less than the minimum duration, which occur on the same day, may be added together in order to meet the minimum time requirement. The time spent providing multiple off-site encounters on the same day may also be added together in order to meet the minimum time requirement for off-site services.

Only one off-site encounter shall be submitted each day. Only one on-site encounter shall be submitted each day.

The encounters for consumers receiving the community level of care must occur on at least two days.
Encounters that occur at a nursing home, hospital or other institution shall not be submitted in order to support the monthly PRP claim.

Transportation is not a PRP service and shall not be submitted as an encounter. The time spent transporting the consumer shall not be included in calculating the duration of an encounter.

Attendance at an IEP meeting is not a PRP service or encounter.

Claims for encounter data shall be submitted to ValueOptions Maryland within 30 days of the end of the billing month.

MHA, as a rule, will not authorize or pay for PRP for a child residing in a therapeutic group home, or therapeutic foster care setting if similar support services are part of the per diem rate of that youth in placement. There may be limited reimbursement for a child residing in a regular group home. These residential settings are responsible for promoting the skills required for daily living and may at times need to provide intensive support or supervision to youth in their care.

MHA will not authorize or reimburse a provider for on-site only PRP services for a consumer who is receiving MA-covered Medical Day Care services during the same month. However, the provider may submit the blended rate PRP services provided to a consumer also receiving Medical Day Care as long as the minimum service requirements are met by providing only off-site services. The off-site PRP services may not be delivered at the Medical Day Care program.

Consumers receiving PRP services are expected to receive from the PRP basic case management functions, such as assistance in securing entitlements, transportation to appointments, coordination of services, and liaison with external services (somatic and mental health) within the provision of PRP services. Therefore, requests for targeted case management for individuals enrolled in PRPs will be approved only in very special circumstances.

On-site services provided by two different PRP programs, as well as off-site services provided by two different PRP programs, is generally considered a duplication of services and is not allowed.

No more than one Transitional PRP service per day, for a minimum requirement of four PRP services, while a consumer is in a State Psychiatric Hospital or crisis bed may be authorized, as medically necessary. These visits must be preauthorized by the CSAs and are paid out of state general funds.

Consumers authorized for RRP services receive, at a minimum, off-site PRP services in the RRP residence. Off-site PRP services cannot be reimbursed to providers if services are provided in an adult day care center. For off-site PRP services to be covered, the consumer must be seen in their own home or outside of hours spent in the adult day care center.

When a service begins on-site at the PRP facility, goes off-site, and then returns to the PRP facility, it is considered an onsite service. For example, the PRP provides a cooking group, the PRP staff take the group to the supermarket for supplies and then return to the PRP facility. This is an on-site PRP service. The service does not count as both an onsite and off-site service.

All Adult and Child/Adolescent PRP services must be referred to by the licensed mental health provider who is treating the consumer. There also has to be at least one coordination of care activity with the licensed,
treatment, and referring mental health professional every 6 months. These referrals and coordination of care activities must be reflected in the IRP. For details, see:
http://maryland.valueoptions.com/provider/alerts/2012/042512-PRP_Care_Coordination.pdf

Additional Requirements for Providers Who Serve Child and Adolescent Consumers

PRP services for children and adolescents must be contained in the consumer’s treatment plan and focus on age-appropriate self-care and social skills. The primary clinician should identify areas of conflict or deficit in the child or adolescent’s life in which the acquisition of daily living skills can reasonably be expected to produce improvement in their overall functioning and adjustment.

PRP services should be designed to promote positive peer interaction, effective communication, self-help skills, completion of age-appropriate activities of daily living, frustration tolerance, etc. It is expected that the services will be designed and developed to address the individual rehabilitative needs of each child and adolescent while taking into account the stresses evolving from their environment at home or in school.

Children and adolescents placed in a crisis bed program may attend a partial hospitalization or psychiatric rehabilitation program during the day, depending upon the clinical needs of the consumer. Services are authorized separately based on the consumer's needs and medical necessity.

Off-site PRP services delivered in a child or adolescent's home shall remain focused on the child or adolescent consumer's rehabilitative skills development; assisting the consumer and his/her family to identify appropriate activities to reach and maintain identified goals.

PRP services are not to be utilized for family therapy.

The mental health service provider is expected to exchange information and coordinate care with the consumer's primary care physician and other treatment providers.

Service Eligibility

Those who are eligible for PRP services are those consumers with Federally Funded Medicaid and Dual Eligible Medicare and Medicaid recipients. State Funded Medicaid and the Uninsured Eligible consumers are eligible for PRP services when they meet the medical necessity criteria and have been recently discharged from:
1. A State Hospital
2. An acute care hospital or IMD
3. An RRP bed
4. Jail or incarceration

For details, see:
1. The ValueOptions Maryland Service Class Grid
http://maryland.valueoptions.com/provider/clin_ut/Maryland_Service_Grid.pdf
2. MHA Memo on State only funded PRP
Service Providers

PRP services may only be performed by PRPs approved according to Maryland Law (COMAR 10.21.21). PRP providers must have an active Maryland MA provider number and a signed provider agreement with MHA.

Claims Process

Encounters (H2016s) must be submitted on a CMS 1500 form as if they were claims. These “claims” will not be paid but the encounters will be tracked to reconcile payments made against the H2018.

Providers should bill private insurance when this is a covered benefit.

Claims for unauthorized services will be denied.

Although PRP services (H2018) can be billed in advance of all supporting encounter data (H2016) being submitted, it is required that the minimum number of encounters be rendered prior to submitting the H2018 claim. As always, all supporting encounter data (H2016s) must be submitted in support of the billed services by the end of the month following the month in which services were rendered, e.g. encounters for January 2013 must be submitted by February 28, 2013.

Please have Linda Garrington review this section and clean this up.

Problems and Solutions

If the services requested do not meet Medical Necessity Criteria:

1. Adult  
   http://maryland.valueoptions.com/provider/handbook/PRP_Adult.pdf
2. Child and Adolescent  

The authorization for the services may be denied. When this happens, please refer to Chapter 9 (Grievances and Appeals).